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An  
Essay

on

Trachitis

By

James Glenn

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## An Essay on Trachitis

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Since the Laws of our institution have made it essential to graduation that each candidate for a degree should write an essay upon some medical subject, it becomes my important duty to attempt it; though I am constrained to acknowledge that I begin with all that diffidence which must necessarily arise from a consciousness of my inability to do justice to any subject that I may select. But may I not hope that my preceptors will duly appreciate the disadvantages under which a student labours, who has never had an opportunity of seeing much practice, and extend to him the indulgence of a free use of what he has seen in books and heard in the lectures of our professors.

I have selected for the subject of the following remarks Trachitis or an inflammation of the Trachea, with a view to make it the object



of my peculiar research and I am the more induced to do so from the circumstance of the numerous deaths produced by it among the children of our country. Notwithstanding I have arranged the different species of this disease under the general head of Trachetis yet it appears to me not to be applicable to the different varieties of spasmodic and inflammatory croup, the division so generally agreed to by authors on the subject and so satisfactorily established by post mortem examinations; yet we had, perhaps, better retain it, since there is no other which has ever been applied that gives so correct an idea of the nature of the disease under consideration or introduces the same regularity in our medical nomenclature.

Trachetis generally speaking, is a disease peculiar to children, though there are



instances known of its having attacked  
 adults, in which cases we believe the disease  
 has followed them occasionally from their  
 infancy and there is no want of evidence  
 to prove that some families are more sub-  
 - ject to it than others. It sometimes con-  
 - fines itself to particular places, which is  
 proven by the well known circumstance  
 of the citizens of Baltimore being almost  
 entirely exempt from it, while those living  
 at Fell's point suffer severely by it; it is  
 further stated that croup is rarely known in  
 Edinburg, while the inhabitants of Leith, a  
 little sea-port town which stands about half  
 a mile from Edinburg, experience great dif-  
 - ficulty in raising their children in conse-  
 - quence of the frequent visitations of this  
 disease. Causes. Soon after this disease  
 attracted the attention of medical men, it was





generally supposed to arise from contagion, this delusion, however, has long since vanished before the progressive improvements in our science and is now advoid to by none. Although this disease often, always perhaps, when it appears in a sporadic form arises from an improper exposure to cold, frequently accompanied with moisture, yet it not uncommonly appears epidemically without any connection with the sensible qualities of the atmosphere.

This appears to have been the case in the neighbourhood of Alexandria in Virginia in 1799 when General Washington fell a victim to it.

Symptoms. It again behoves us to appeal to the books on medicine for the symptoms which characterise this disease, and we are decidedly of the opinion that we could not refer to higher authority than Dr. Cullen



whose accuracy in the description of Diseases is universally acknowledged. We hope therefore we may be excused for taking them verbatim from his work.

He says, the symptoms peculiar to this disease are; "a hoarseness with some shrillness and ringing sound both in speaking and in coughing as if the noise came from a brazen tube. At the same time there is a sense of pain about the larynx, some difficulty of respiration, with a whizzing sound in inspiration as if the passage of the air was straitened. The cough, which attends it is commonly dry and if any thing be spit up, it is a matter of a purulent appearance, and sometimes films resembling portions of a membrane.

Together with these symptoms there is a frequency of pulse, a restlessness and an uneasy



sense of heat. When the internal fauces are viewed, they are sometimes without any appearance of inflammation; but frequently a redness and swelling appears; and sometimes in the fauces there is an appearance of matter like that rejected by coughing.

With the symptoms now described, and particularly with great difficulty of breathing and a sense of strangling in the fauces, the patient is sometimes suddenly taken off.

In the dissections made in this country there has been frequently found a membrane lining the Trachea and Bronchiae, which we believe to be a more rare occurrence than was supposed by Cullen, for which opinion we have the high authority of Dr. Chapman, not to mention the names of others whose standing in every respect might not be so respectable.



The opinion which we entertain as to the formation of this membrane, is, that it must be the production of the exhalant vessels in endeavouring to relieve themselves of the superabundance of fluid which they contain in this highly inflamed state of the part: they do so by throwing off a portion of coagulable lymph, which, by adhering to the lining membrane of the Trachea gives rise to this pulmonary structure.

### Diagnosis

It would seem almost impossible from the foregoing symptoms, to confound this disease with any other.

The peculiar sound attendant on inflammation of the Trachea during inspiration will always serve to guide the judicious physician in his diagnosis of this disease, in fact, it is said to be so peculiar, that a person who has heard it once, can never forget it.





The disease with which it is most likely to be confounded, is *Cynanche Tonsillaris*; from which it may be distinguished by the peculiar sound above alluded to, by the cough peculiar to croup, by the greater violence of the symptoms generally, by the greater difficulty of breathing, by the sense of suffocation and by inspecting the internal parts, where we will seldom find much alteration in *Trachea*, whereas, in *Cynanche Tonsillaris* there will always be seen a swelling of the Tonsils accompanied with a difficulty of deglutition.

The croup may be distinguished from Asthma, by the following diagnostics.

The former is universally attended with a ringing cough, whereas in asthma no such symptom is generally apparent.

In croup there is seldom any remission

The first part of the book is devoted to a general  
 description of the country, its climate, soil, and  
 productions. The second part contains a detailed  
 account of the various tribes and nations which  
 inhabit the country, their manners, customs, and  
 language. The third part is a history of the  
 country, from the earliest times to the present  
 day. The fourth part is a description of the  
 various parts of the country, and the fifth part  
 is a list of the names of the various tribes and  
 nations which inhabit the country.

while acute asthma is particularly characterised by this symptom.

*Prognosis.* In this disease the prognosis is to be determined either by the violence or mildness of the symptoms; most generally terminating fatally, when, there is great difficulty of breathing, extreme anxiety, violent fever, frequent fits of coughing, nocturnal expectoration, the voice becoming more shrill, the pulse at the same time becoming irregular and intermitting.

But when it terminates favourably, it is by a resolution of the inflammation, by a cessation of the spasms, by a relief from dyspnoea, by the voice becoming more natural, with a free and copious expectoration of the matter exuding from the trachea or of the membrane forming there. Yet we believe it to be an exceedingly



rare occurrence for recovery to take place after the formation of this membrane, at least such appears to be the opinion of most Medical men who have had much experience in this disease.

*Pathology.* As it relates to the pathology of this disease, we are decidedly of the opinion, that the division into spasmodic and inflammatory croup is fully justified by the post mortem examinations, which have been made of subjects who died of this disease. It is generally supposed to be of the spasmodic kind when it attacks suddenly, violently and quickly running its course, terminating either in convalescence or death.

But under opposite circumstances, where the disease is slow in its approach, showing itself, in uneasiness, restlessness, cough, attended



at first with no expectoration, followed by considerable fever, we may reasonably conclude that the disease is of the inflammatory kind.

Indeed, it is said by authors, that diphteritis have presented precisely such appearances as might have been anticipated.

Treatment. It would appear from the division of this disease, into spasmodic and inflammatory croup, that there should be a difference in the treatment, corresponding to the two opposite characters of the disease; but experience has shown, that notwithstanding the apparently different characters of croup; the very same remedies are adequate to the removal of each variety; in fact the treatment of no disease appears to be so uniform as that of Tracheitis.

The grand desideratum, in the commencement of the disease, is to excite vomiting





and for this purpose no remedy appears better calculated than the Starbused Antimony. X

It is, by no means, unusual to find the stomach quite insensible to the impressions of medicine and on this account we often experience great difficulty in procuring the operation of an Emetic. It therefore, becomes an object of the highest importance, to arouse the susceptibility of this organ, and experience has satisfactorily established the fact; that, the warm bath, is perhaps better suited to this purpose than almost any means with which we are acquainted.

The beneficial influence of the warm bath is by no means to be restricted to this purpose alone for experience has proved, that, it alone has sometimes cured this disease.

It is recommended to keep the patient in the warm bath for ten or fifteen minutes, during



which time it often happens that Vomiting will ensue while the child is in the water provided an emetic should have been administered previously to the use of the bath.

Should all this, however, fail to produce the desired effect we are recommended to resort to Bloodletting, which, in some cases we are compelled to carry to an alarming extent even *ad deliquium anioni*

This very rarely fails to promote the action of an Emetic and to produce a crisis of the disease; the difficulty of breathing, hoarseness and fever disappearing almost instantaneously under its use.

It is by no means to be inferred from what has been said, that we suppose Bloodletting useful only as an auxiliary to Emetics; we believe it does more than this, by suppressing inflammation and consequently it must



contribute to the cure of the diseases.

*Ther Syrup.* This appears to be a remedy of considerable importance in the management of Croup.

We are told by Dr. Coxe whose experience in this disease appears to be ample, that when used in conjunction with the other remedies it seldom fails to cure the disease; indeed, from the known properties of its ingredients, it would seem more likely to succeed than almost any other medicine.

It not unfrequently happens, that after the employment of the above remedies, the disease will continue with unabated violence; we should then repeat the Emetic, warm Bath and Blood-letting.

Should this however not succeed we are recommended to use topical means.

These, deservedly, are considered remedies of great



utility in the management of croup and should be resorted to in every case where the depleting remedies above alluded to, do not effectually cure the disease.

Bloodletting either by cups or leeches are by no means to be overlooked; it is by these means that we are enabled to abstract blood from the very seat of the complaint. It is a fact sufficiently well known to physicians, that local depletion is perhaps the best mode, with which we are acquainted, to treat local inflammation.

Next to these in importance are Bleisters and Sinapisms to the throat extending from ear to ear, thus inviting the disease from the internal to the external parts.

The disease being thus broken we may with propriety administer Calomel in doses sufficiently large to purge copiously. we are told by Dr. Chapman that at this stage of the





disease, copious purging is eminently calculated to carry off lingering symptoms, obviate relapse and confirm convalescence.

It is sometimes the case, that after the employment of all the remedies ~~we~~ have mentioned there still remains a cough, tightness of chest and hoarseness; then it is we may employ with the greatest advantage the *Polygala Senega*. No remedy appears so well calculated to dislodge the putrefactual membrane lining the Trachea as the one under consideration and hence it is that it is found so beneficial in the latter stages of the disease. It is chiefly from its expectorant properties that we derive much advantage from the *Polygala Senega* in this stage of the complaint.

It might perhaps <sup>be</sup> thought necessary that we should trace this disease to its termination in *Pneumonia Notha*; but there would



seem to be little propriety in it, when it is  
recollected that this rarely happens except-  
as the result of feeble practice, and whenever  
this result does take place the disease  
itself is changed and it becomes Peripneu-  
-monia Notha to all intents and purposes  
and is therefore altogether aside of my subject.

